A Service-Driven Approach to Youth Misbehavior

#### **Provider Network Training Session**

Milwaukee County Department of Youth and Family Services

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# A Service-Driven Approach Relies on a Restorative Philosophy

- Accountability RatherThan Guilt
- Safety Rather Than Punishment
- Development Rather Than Deterrence



#### **Restorative Rather Than Retributive**

"What impact has this had on you and on others?"

What was the harm?

What can be done to repair the harm?

"What do you think needs to happen to make things right?" •"What can you do that can demonstrate you can be a positive member of our community?"

What can be done to rebuild trust?

## **Erik Erikson's Model of Psychosocial Development**

Stages of Development	Developmental Crises	Developmental Tasks	Virtues
Infancy (Age 0-1)	Trust vs Mistrust	Learning to rely on other key people	Hope
Early Childhood (Age 1-3)	Autonomy vs Shame and Doubt	Learning it's okay to be who one is	Will
Preschool Age (Age 3-6)	Initiative vs Guilt	Learning it's okay to take action; to impact things	Purpose
School Age (Age 6-12)	Industry vs Inferiority	Learning one can make it, can succeed	Competence
Adolescence (Age 13-19)	Identity vs Role Confusion	Learning who one is and one's best possible self	Fidelity

## Developmental Task Addressed by Service Dosage: Learning to rely on other key people.

#### Developmental Task Undertaken Well: Behaviors Associated with Trust

Developmental Task Undertaken Poorly: Behaviors Associated with Mistrust

- Asking for help.
- Accepting or receiving help.
- Cooperating with others.
- Helping others.
- Showing empathy toward others.
- Standing up for fairness.

- Inability to ask for help.
- Refusing or misreading offers of help.
- Being non-cooperative.
- Lack of empathy.
- Cheating to get what one wants.

## Developmental Task Addressed by Service Dosage: Learning it's okay to be who one is.

Developmental Task Undertaken Well: Behaviors Associated with Autonomy

Developmental Task Undertaken Poorly: Behaviors Associated with Shame/Doubt

- Taking action with confidence in self.
- Willingness to try new things.
- Being persistent, determined; perseverance, grit.
- Self-control.

- Lack of confidence.
- Fear of failing at new things.
- Giving up easily; quitting when a mistake is made.

Developmental Task Addressed by Service Dosage: Learning it's okay to take action; to impact or have an effect on things.

#### Developmental Task Undertaken Well: Behaviors Associated with Development of Initiative

Developmental Task Undertaken Poorly:
Behaviors Associated with Development of
Guilt

- Being a self-starter; goal-oriented.
- Trying things to find out what one can do.
- Curiosity, exploration, seeking to discover and know.
- Ambitiousness; drive.

- Aimlessness.
- Hate toward self (i.e., self-harming).
- Excessive avoidance of interaction or involvement with others.

## Developmental Task Addressed by Service Dosage: Learning one can make it, can succeed.

Developmental Task Undertaken Well: Behaviors Associated with Industry Developmental Task Undertaken Poorly: Behaviors Associated with Inferiority

- Adventurousness.
- Getting things done; accomplishing.
- Making "one's mark" through participation.
- Goal-oriented action.

- Not doing one's work.
- Making "one's mark" in non-conventional ways.
- Joining non-conventional groups or cliques.

## Developmental Task Addressed by Service Dosage: Learning who one is and one's best possible self.

Developmental Task Undertaken Well: Behaviors Associated with Identity

Developmental Task Undertaken Poorly: Behaviors Associated with Role Confusion

- Expressing oneself.
- Healthy risk-taking.
- Using one's talents, gifts, special abilities.
- Engaging in pursuits that express what one feels one should/can do.

- Withdrawal.
- Disengagement, "hanging out," excessive non-productive activity
- Unhealthy risk-taking
- Delinquent activity

#### Three Pathways to Disruptive Behavior and Delinquency

(Kelly, Loeber, Keenan, DeLamatre, 1997; OJJDP Research Program on Causes & Correlates of Delinquency)



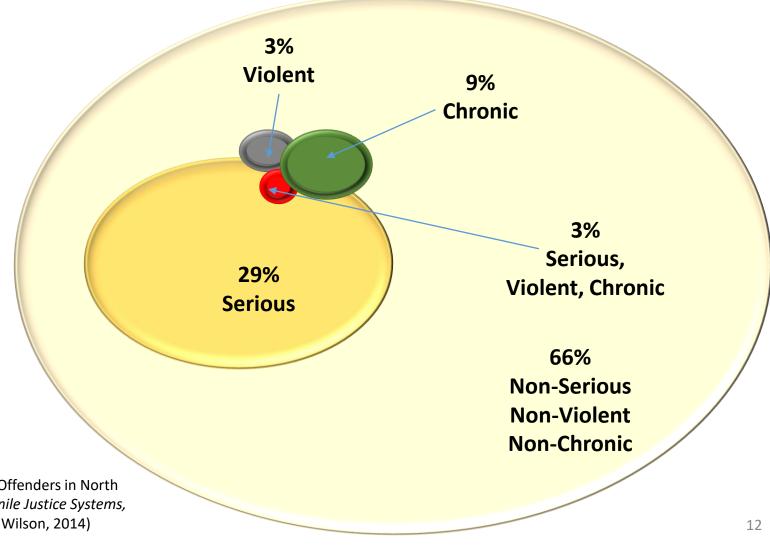
## **Developmental Pathways and Behavior Categories**

-	At-Risk Youth	Referred Youth	Delinquent Youth
Authority Conflict	Authority Avoidance	Covert Offending	Overt Offending
Conduct disorder	Running away	Shoplifting*	Bullying*
Disruptive	Truancy	Theft	Physical fighting*
Disorderly conduct	Curfew violation	n Larceny	Gang fighting
Defiant	Underage smokir	ng Vandalism	Assault
<b>Oppositional</b>	Und <mark>erage drink</mark> ir	ng Burglary	Robbery
Stubbornness	Substance abuse	e Vehicle theft	Forcible rape
		Arson	Homicide

## **The Three Populations**

Distribution of Offense Types Among the Three Populations Study of 16,512 Youth in North Carolina and Confirmed in Other State Analyses

- Critical task is diverting the 66% from formal processing.
- Adolescence-limited offending.
- Life course persistent offending.



(Howell, M. Q., 2013, "Serious, Violent, Chronic Offenders in North Carolina," in *A Handbook for Evidence-Based Juvenile Justice Systems,* James I. Howell, Mark W. Lipsey, and John J. Wilson, 2014)

#### The Service Continuum

**Problem Behavior** 

Non-Criminal Misbehavior

**Delinquency** 

Serious, Violent Offending

**Prevention** 

**Early Intervention** 

Immediate Intervention

Intermediate Sanctions

**Correctional Placements** 

Aftercare & Re-Entry

Prevention / Diversion: Target Population – At-Risk

Preventing youth from becoming delinquent by focusing prevention and diversion for at-risk youth.

Post-Dispositional: Target Population – Delinquent Youth

Responses to delinquent offenders through a system of graduated sanctions and a continuum of treatment services.

## **DYFS's Spectrum of Services**

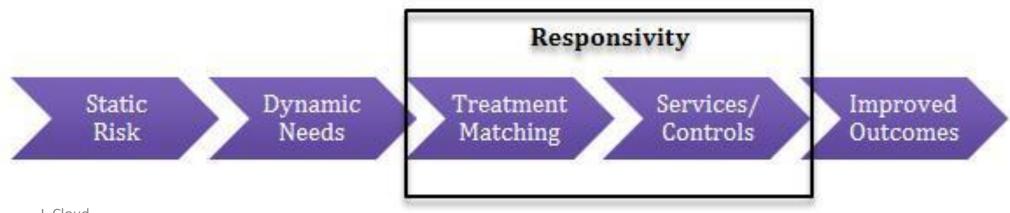
Level 1:	Level 2:	Level 3:	Level 4:	Level 5:
No Further Action	Diversion	Core Services	Intensive Services	Most Restrictive Services
No Further Action	Community Accountability Panels (CAP)	Consent Decree (CD)	Targeted Monitoring Program	Milwaukee Cty. Accountability Program (MCAP)
Counsel and Close	Community Services (e.g. REACH, FISS, etc.)	Deferred Prosecution Agreement (DPA)	FOCUS Program	Department of Corrections
	Family Initiated Services/Community Services	DYFS Network	DYFS Network	Serious Juvenile Offender
	Deferred Prosecution Agreement (DPA)		Bakari House	Waiver to Adult Court

## Risk, Need, and Responsivity **Three Considerations When Planning Services**

Risk Principle

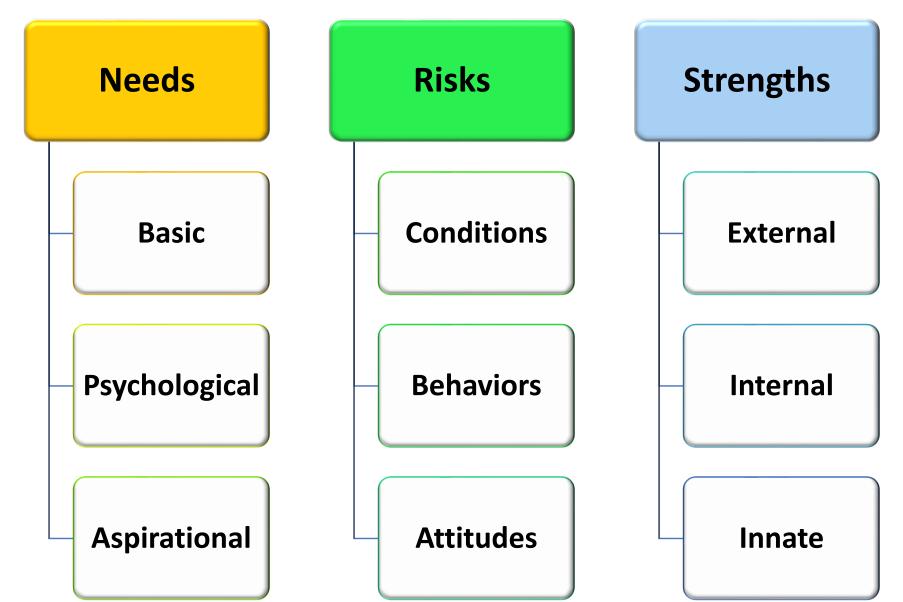
Need Principle

Responsivity



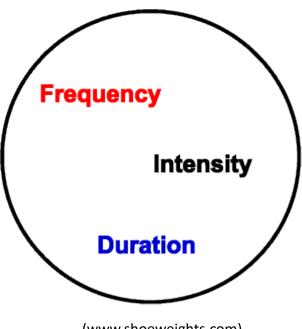
#### **Three Assessment Areas**

(See Your Resource Packet)



### Four Major Features of Effective Youth Justice Programs to **Emerge From Lipsey's Meta-Analytic Work**

- 1. Primary Services: Effectiveness of the main services focus of a program, independent of its use with another intervention.
- 2. Supplemental Services: Adding another service component to the primary service may, but often does not, increase its effectiveness.
- 3. Service Delivery: The amount and quality of service provided, as indicated in service frequency, program duration, and extent of implementation.
- 4. Characteristics of the Youth: Some programs are more effective with high-risk youth than for low risk, and vice versa; others are more effective for older or younger offenders.



(www.shoeweights.com)

### **Elements of Service Dosage: How Services are Provided Really Matters**

### **Service Intensity**

barriers to goal

achievement.

How powerful or forceful or potent does it need to be, considering the causes of harm to well-being and

### **Service Frequency**

How often does the help or service need to happen to counter the harm and overcome barriers (e.g., the frequency of counseling sessions).

#### **Service Duration**

How long does receiving the service at the intensity and frequency levels need to take place to counter the harm, change behavior, and foster growth.

## **Service Dosage Group Exercise**

- 1. Individually read case summary provided in your resource package.
- 2. As a group, identify one to two services represented by individuals in your group that would be appropriate for each youth. Why these services?
- 3. Specify service dosage for the services that appears appropriate (how intense, how frequent/often, how long/duration).
- 4. Refer to the list of barriers and identify one or two that your group thinks would need to be overcome in order to ensure that the service dosage is accurately and successfully delivered. How might the barrier(s) be overcome?